



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

NOV 17 1982

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

In Reply Refer To: 3AW22

Mr. R. E. Northup  
Environmental Affairs Director  
Appalachian Power Company  
P.O. Box 2021  
Roanoke, Virginia 24022

Re: Notice of Violation No. III-83-7-VR  
John E. Amos Plant, Morgans Landing, WV  
EPA I.D. No. WVD 98 055 4646  
Mountaineer Plant, New Haven, WV  
EPA I.D. No. WVD 98 055 4463  
Philip Sporn Plant, New Haven, WV  
EPA I.D. No. WVD 98 055 4703

Dear Mr. Northup:

Effective November 19, 1981, the owner or operator of a surface impoundment, landfill or land treatment facility which is used to manage hazardous waste is required by the Environmental Protection Agency (EPA) to implement a groundwater monitoring program in accordance with regulation 40 C.F.R. § 265.90. The sampling and analysis provisions of regulation 40 C.F.R. § 265.92 require quarterly monitoring of all listed parameters for the first year of the program.

The owner or operator of facilities required to conduct a groundwater monitoring program must report to EPA quarterly the results of certain of the analyses in accordance with regulation 40 C.F.R. § 265.94. On February 23, 1982, EPA published a notice in the Federal Register delaying the date for submission of the first two quarterly reports from March 6, 1982 and June 3, 1982 to August 1, 1982. This delay did not, though, affect the requirement to report any parameters which exceed the maximum contaminant levels listed in the EPA Interim Primary Drinking Water Standards.

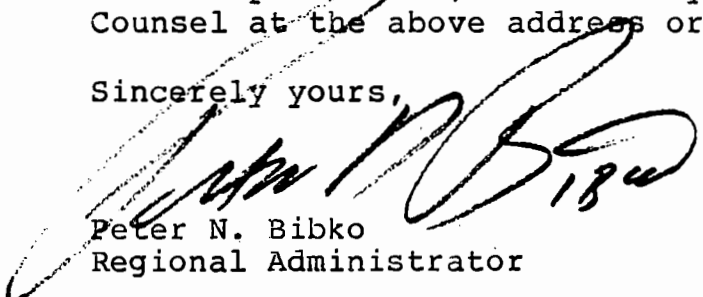
The Part A Permit Application for the above facilities indicates that one of the processes employed in their management of hazardous waste is a surface impoundment, landfill or land treatment facility. Therefore, the requirement to conduct groundwater monitoring and submit quarterly reports applies to these facilities. As of the date of this Notice, EPA has not received either of the quarterly reports for the above facilities.

Appalachian Power Company is, then, in violation of regulation 40 C.F.R. § 265.94 and the Resource Conservation and Recovery Act (the Act).

Appalachian Power Company must achieve compliance with the groundwater monitoring regulations as quickly as possible. If compliance is not achieved within 10 days of receipt of this notice, EPA may take administrative or civil action against Appalachian Power Company to require compliance. The Act authorizes penalties of up to \$25,000 per day for each violation.

If you have any questions concerning this Notice, please contact Ralph Siskind, an attorney in the Office of Regional Counsel at the above address or at (215) 597-8542.

Sincerely yours,



Peter N. Bibko  
Regional Administrator



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

1400 MARKET STREET  
PHILADELPHIA, PENNSYLVANIA 19104

June 16, 1982

Mr. John W. Vaughan  
Appalachian Power Co.-Philip Sporn Plant  
P.O. Box 2021  
Roanoke, VA 24022

Re: EPA I.D. No. WVD 98 055 4703

Dear Mr. Vaughan:

This is to acknowledge receipt of your letter dated May 19, 1982  
in which you request a change to "Conditions of Operations During Interim  
Status."

Enclosed is an amended form reflecting the changes(s). If we can be of any  
further assistance, please do not hesitate to contact Ms. Joan Henry, a  
member of my staff, on 215-597-8751.

Sincerely yours,

Patrick Anderson  
Chief, RCRA Permit and Pesticides Section  
Air and Waste Management Division

cc: Mr. R. E. Northrup

# INTERIM STATUS

AMENDED

Date Prepared: June 16, 1982

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

## I. Facility name, location, and EPA Identification Number.

Name: Appalachian Power Company-Philip Sporn Plant

Location: US Rt. 33  
New Haven, WV 25265

EPA I.D. No.: WVD 98 055 4703

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Appalachian Power Company-Philip Sporn Plant  
Mr. John W. Vaughan, President APCO  
Mr. C. A. Heller, President OPCO

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>165 Gals.</u>
<u>S02</u>	<u>50,000 Gals.</u>
<u>T02</u>	<u>71,500 Gals/Day</u>
<u>T04</u>	<u>144,000 Gals/Day</u>
<u> </u>	<u> </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>F001</u>	<u>D007</u>	<u>D001</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS

PHILADELPHIA, PENNSYLVANIA 19106

JUN 1 1982

WVD 98 055 4703

Mr. John W. Vaughan  
Appalachian Power Co. - P. Sporn Plant  
P. O. Box 2021  
Roanoke, VA 24022

Dear Mr. Vaughan:

This letter is to make you aware of two recent amendments to the RCRA regulations. On April 7, 1982, the Environmental Protection Agency (EPA) published requirements for owners and operators of hazardous waste management facilities to demonstrate financial responsibility for the costs of closure and post-closure care. EPA published third party liability coverage requirements for owners or operators of hazardous waste management facilities on April 16, 1982.

Closure and Post-Closure Assurance

As an owner or operator of a hazardous waste treatment, storage, or disposal facility, you are required to submit information that demonstrates that you are financially capable of bearing the costs of closing your facility. In addition, if you own or operate a disposal facility, you also must submit information that demonstrates that you are capable of covering the costs of post-closure care of your facility.

The appropriate documentation, as specified in the enclosed regulations, must be submitted to this EPA Regional Office by July 6, 1982. You must submit one or a combination of the following documents, with wording of the documents identical to the wording specified in the regulations:

- ° a trust agreement;
- ° a surety bond;
- ° a letter of credit, including a trust agreement;
- ° a certificate of insurance;
- ° a letter from your firm's chief financial officer;  
and a special report and a report of examination from an  
independent certified public accountant; or
- ° a corporate guarantee.

### Liability Insurance

As an owner or operator of a hazardous waste treatment, storage, or disposal facility, you must demonstrate that you have liability insurance for sudden accidental occurrences at your facility. In addition, if you own or operate a landfill, surface impoundment, or land treatment facility, you must also demonstrate that you have liability insurance for nonsudden accidental occurrences at your facility.

You may use either an insurance policy or a financial test to demonstrate third party liability coverage. You must submit to this office by July 15, 1982, the appropriate documentation for liability coverage for sudden accidents, as specified in the enclosed regulations. You must submit the appropriate documentation for liability coverage for nonsudden accidents, as specified in the enclosed regulations, according to the following phase-in schedule: by January 16, 1983, if you have annual sales or revenues of \$10 million or more; by January 16, 1984, if you have sales or revenues between \$5 and \$10 million; or by January 16, 1985 if your annual sales or revenues are less than \$5 million. If you fall into one of the last two groups, you must submit notification of when you will have liability coverage for nonsudden accidents by January 16, 1983. You must submit one or a combination of the following documents, with wording of the documents identical to the wording specified in the regulations:

- ° a certificate of insurance;
- ° a liability endorsement; or
- ° a letter from your firm's chief financial officer, and a special report and a report of examination from an independent certified public accountant.

The financial documents must be sent to:


Ms. Shirley Bulkin (3AW32)  
U. S. Environmental Protection Agency  
Region III, Curtis Building  
Sixth and Walnut Streets  
Philadelphia, PA 19106

Please be sure to include your EPA Identification Number on all correspondence.

Only generators who store hazardous waste on site in tanks or containers for less than 90 days are exempt from these requirements. Also, State and Federal facilities are exempt from these requirements. Your State, however, may have additional requirements in these areas.

Please review the enclosed copies of the revised interim final regulations and minor corrections. Failure to comply with these requirements subjects you to possible enforcement action. If you have any questions or need assistance, please feel free to contact Mr. William Schremp of the State Waste Management Section at (215) 597-0982.

Sincerely yours,

  
for Stephen R. Wassersug, Director  
Air and Waste Management Division

Enclosures

<b>RECORD OF COMMUNICATION</b>		<input type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY) _____	
TO: APPALACHIAN POWER CO. R. E. NORTHUP DAN GRAY		FROM: PAUL GOTHOLD A.T. KEARNEY, INC EPA REGION III	
SUBJECT		DATE JUNE 4, 1982 TIME 10:15 AM	
(Record of item checked above)			
<b>SUBJECT</b> APPALACHIAN POWER CO LETTER OF MAY 19, 1982			
<b>SUMMARY OF COMMUNICATION</b> <p style="margin-top: 10px;">             I SPOKE WITH DICK NORTHUP &amp; DAN GRAY OF APPALACHIAN POWER CO REGARDING THEIR MAY 19, 1982 LETTER ASKING FOR REVISION TO THE SURFACE IMPOUNDMENT(S) INDICATED ON THE PART A APPLICATIONS OF:           </p> <ul style="list-style-type: none"> <li>(1) JOHN E. AMOS PLNT</li> <li>(2) MOUNTAINEER PLNT</li> <li>(3) PHILIP SPORN PLNT</li> </ul> <p style="margin-top: 10px;">             MR. GRAY EXPLAINED THAT THE ORIGINAL LISTING OF T02, D83, &amp; S04 WAS A CONTINGENCY LISTING SUBMITTED TO INSURE INTERIM STATUS FOR THE IMPOUNDMENTS IN THE EVENT THE IMPOUNDMENTS ACTUALLY WERE HAZARDOUS WASTE FACILITIES. SINCE NOV 19, 1980 - EXTENSIVE TESTING HAS SHOWN THAT THE BOILER CLEANING WASTES INVOLVED ARE <u>NOT</u> HAZARDOUS. THEREFORE, THE MAY 19, 1982 LETTER WAS SUBMITTED TO DELETE THE LISTING OF D83 &amp; S04 FROM THE THREE REFERENCED PART A APPLICATIONS. THE FACILITIES WISH TO RETAIN DRUM &amp; TANK STORAGE (WHICH REPRESENTS RECYCLE OF WASTE OIL &amp; SOLVENTS TO THE BOILERS) AND TREATMENT IMPOUNDMENT (T02).           </p>			
<b>CONCLUSIONS, ACTION TAKEN OR REQUIRED</b> <p style="margin-top: 10px;">             THE TREATMENT IMPOUNDMENT IS TO REMAIN AS PART OF THE INTERIM STATUS ACTIVITY IN CASE A BATCH OF BOILER CLEANING WASTE IS FOUND TO BE HAZARDOUS (SINCE NOV. 1980 - NO BOILER CLEANING WASTE HAS BEEN FOUND HAZARDOUS BY TESTING.) IN ADDITION MR. GRAY INDICATED THAT IF AND WHEN EPA ADOPTS THE PROPOSED RULE FOR USING CHROMIUM+6 FOR THE EP TOXIC CONSTITUENT, THEY WOULD WITHDRAW THEIR PART           </p>			
<b>INFORMATION COPIES</b> TO:			





## **APPALACHIAN POWER CO.**

Post Office Box 2021, Roanoke, Virginia 24022  
Telephone: area code (703) 985-2300

May 19, 1982

CERTIFIED LETTER

Shirley D. Bulkin, Chief  
RCRA Administrative Support Section  
Permit Enforcement Branch  
U.S. EPA, Region III  
6th and Walnut Streets  
Philadelphia, Pennsylvania 19106

Dear Chief Bulkin:

By copy of this letter and attachments, Appalachian Power Company hereby makes revisions to the Hazardous Waste Permit applications for the following power plants: 1) John E. Amos Plant, Morgans Landing, W. Va.; 2) Mountaineer Plant, New Haven, W. Va.; and 3) Philip Sporn Plant, New Haven, W. Va. The original applications were filed on November 17, 1980.

Copies of the amended sheets and the original sheets (marked void) are attached. These changes are being made since no hazardous wastes will be stored or disposed of in surface impoundments at these plants. Also, the amended sheets reflect the new I.D. number assigned each facility.

We appreciate your attention in this matter. If you have questions, please contact me at (703) 985-2429.

Sincerely,



R. E. Northup  
Environmental Affairs Director

REN/dlw

Attachments



## APPALACHIAN POWER CO.

Post Office Box 2021, Roanoke, Virginia 24022

Telephone: area code (703) 985-2300

January 25, 1982

CERTIFIED LETTER

U. S. Environmental Protection Agency  
Sixth and Walnut Streets  
Philadelphia, Pennsylvania 19106  
Attention: Ms. Shirley Bulkin (3EN24)

Dear Ms. Bulkin:

In reply to your letters dated December 30, 31, 1981, we are hereby notifying your office that the new permanent identification numbers for the following facilities of Appalachian Power Company will be used starting on February 1, 1982.

<u>Facility</u>	<u>Old I. D. Number</u>	<u>New I. D. Number</u>
Clinch River Plant St. Rt. 65 Carbo, Virginia 24225	VAT000621169	VAD980554596
Glen Lyn Plant U. S. Rt. 460 Glen Lyn, Va. 24093	VAT000621524	VAD001894542
Philip Sporn Plant U. S. Rt. 33 New Haven, WV 25265	<del>WVT000620617</del>	<del>WVD980554703</del>
John E. Amos Plant U. S. Rt. 35 St. Albans, WV 25177	WVT000621821	WVD980554646
Mountaineer Plant U. S. Rt. 33 New Haven, WV 25265	WVT000620096	WVD980554463
Kanawha River Plant U. S. Rt. 60 Glasgow, WV 25086	WVT000621896	WVD980554588
Point Pleasant Storage Area Point Pleasant, WV 25550	WVT000620609	WVD980554521

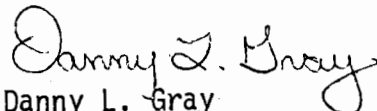
Ms. Shirley Bulkin  
January 25, 1982  
Page Two

If you have any questions, please contact me at 703-985-2376.

Sincerely,

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Richard E. Northup  
Environmental Affairs Director

By:   
Danny L. Gray  
Environmental Engineer

REN:DLG:dd



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

December 31, 1981  
Certified Mail  
Return Receipt Requested

Mr. C. A. Heller  
Ohio Power Company  
301 Cleveland Avenue, SW  
Canton, OH 44702

Re: EPA Identification Numbers  
Facility Location: US Route 33  
New Haven, WV 25265

Dear Mr. Heller:

Shortly after the filing of a Notification of Hazardous Waste Activity form (EPA-8700-12) with the EPA for the above facility, a temporary identification number WWT 00 062 0617 was issued in order to expedite the issuance of I.D. numbers.

A permanent identification number WWD 98 055 4703 has now been assigned for your facility. Realizing that you might have a supply of Manifest forms printed with the temporary number and you may have to contact companies with which you deal, you are permitted to use the temporary number for up to six months. You may, however, start using your permanent number immediately.

It is requested that you let this office know, within 30 days of receipt of this letter, the date you intend to implement the use of the new permanent EPA Identification Number by contacting Joan Henry, a member of my staff, on 215-597-8751 or by writing to: EPA, 6th & Walnut Streets, Philadelphia, PA 19106, Attn: Shirley Bulkin (3EN24). With this information we will have an accurate record of your I.D. number and be able to avoid possible confusion.

Sincerely yours,

*Shirley D. Bulkin*  
Shirley D. Bulkin

Chief, RCRA Administrative Support Section  
Permit Enforcement Branch

cc: R. Jelacic, WV Dept. of Health



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

Certified Mail  
Return Receipt Requested  
December 31, 1981

Mr. John W. Vaughan  
Appalachian Power Co.-P. Sporn Plt.  
P.O. Box 2021  
Roanoke, VA 24022

Re: EPA Identification Numbers  
Facility Location: US Route 33  
New Haven, WV 25265

Dear Mr. Vaughan:

Shortly after the filing of a Notification of Hazardous Waste Activity form (EPA-8700-12) with the EPA for the above facility, a temporary identification number WWT 00 062 0617 was issued in order to expedite the issuance of I.D. numbers.

A permanent identification number WVD 98 055 4703 has now been assigned for your facility. Realizing that you might have a supply of Manifest forms printed with the temporary number and you may have to contact companies with which you deal, you are permitted to use the temporary number for up to six months. You may, however, start using your permanent number immediately.

It is requested that you let this office know, within 30 days of receipt of this letter, the date you intend to implement the use of the new permanent EPA Identification Number by contacting Joan Henry, a member of my staff, on 215-597-8751 or by writing to: EPA, 6th & Walnut Streets, Philadelphia, PA 19106, Attn: Shirley Bulkin (3EN24). With this information we will have an accurate record of your I.D. number and be able to avoid possible confusion.

Sincerely yours,

*Shirley D. Bulkin*  
Shirley D. Bulkin  
Chief, RCRA Administrative Support Section  
Permit Enforcement Branch

cc: R. Jelacic, WV Dept. of Health



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

August 9, 1981

Mr. C. A. Heller  
Ohio Power Company  
301 Cleveland Avenue, SW  
Canton, OH 44702

Dear Mr. Heller:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

*Shirley D. Bulkin*  
Shirley D. Bulkin  
Chief, Administrative Support Section  
Permit Enforcement Branch

Enclosure

August 9, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location, and EPA Identification Number.

Name: Appalachian Power Company-Phil. Sporn Plant

Location: US Rt. 33  
New Haven, WV 25265

EPA I.D. No.: WVT 00 062 0617

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. John W. Vaughan, President APCO  
Mr. C. A. Heller, President OPCO

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
S01	165 Gals.
S02	50,000 Gals.
T02	71,500 Gals/Day
D83	1,000,000 Gals.
T04	144,000 Gals/Day
S04	1,000,000 Gals.

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

F001

D007

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

August 9, 1981

Mr. John W. Vaughan  
Appalachian Power Co. - Phil. Sporn Plant  
P.O. Box 2021  
Roanoke, VA 24022

Dear Mr. Vaughan:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

*Shirley D. Bulkin*

Shirley D. Bulkin  
Chief, Administrative Support Section  
Permit Enforcement Branch

Enclosure

Date Prepared: August 9, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Appalachian Power Company-Phil. Sporn Plant

Location: US Rt. 33  
New Haven, WV 25265

EPA I.D. No.: WVT 00 062 0617

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. John W. Vaughan, President APCO  
Mr. C. A. Heller, President OPCO

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>165 Gals.</u>
<u>S02</u>	<u>50,000 Gals.</u>
<u>T02</u>	<u>71,500 Gals/Day</u>
<u>D83</u>	<u>1,000,000 Gals.</u>
<u>T04</u>	<u>144,000 Gals/Day</u>
<u>S04</u>	<u>1,000,000 Gals.</u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

F001

D007

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# RECORD OF COMMUNICATION

OTHER (SPECIFY)

(Record of item checked above)

TO: RE Northrup  
App Power Co. (703) 985-2429  
Philip Sporn Plant

FROM:

Mike Orsini

DATE

July 15, 1981

TIME

9:10 AM

SUBJECT

Correction of unit of measure for T02

SUMMARY OF COMMUNICATION

7/15 - Mr. Northrup will be on vacation until July 20

7/20/81

10:29am - Mr. Northrup transferred me to a Mr. Grey.

Mr. Grey stated that this treatment pond was used only

2 weeks every year, so to get a figure for gallons

per day he divided the value of 1,500,000 gallons

by 2 weeks (14 days) to get the value of 71,500 gallons

per day.

CONCLUSIONS, ACTION TAKEN OR REQUIRED

FORMATION COPIES

TO:



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # WVT 00 062 0617

January 14, 1981

Philip Sporn Plant  
Appalachian Power Company  
P.O. Box 2021  
Roanoke, Virginia 24022

Re: Acknowledgment of Application for  
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.



Post Office Box 2021, Roanoke, Virginia 24022  
Telephone: area code 703 • 344-1411

November 17, 1980

CERTIFIED LETTER

Ms. Shirley Bulkin  
U. S. Environmental Protection Agency  
Region III  
P. O. Box 1480  
Philadelphia, Pennsylvania 19106

Re: Hazardous Waste Permit Applications


Dear Ms. Bulkin:

Attached is Part A (Form 1 and Form 3) of the applications for permits to treat, store, or dispose of hazardous wastes at seven Appalachian Power Company facilities. They are:

John E. Amos Plant	I. D. No. WVT000621821
Philip Sporn Plant	I. D. No. WVT000620617
Mountaineer Plant	I. D. No. WVT000620096
Kanawha River Plant	I. D. No. WVT000621896
Glen Lyn Plant	I. D. No. VAT000621524
Clinch River Plant	I. D. No. VAT000621169
Point Pleasant Storage Area	I. D. No. WVT000620609

These applications are filed pursuant to the regulations promulgated by the Environmental Protection Agency and published in the May 19, 1980 Federal Register.

Sincerely,

  
Richard E. Northup  
Environmental Affairs  
Director

REN:dd

Attachments

FORM 1		EPA		GENERAL INFORMATION		I. EPA I.D. NUMBER	
GENERAL				Consolidated Permit Program (Read the "General Instructions" before starting.)		FWVT000620617	
LABEL ITEMS						GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER		WVT000620617				If a preprinted label has been provided in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data appropriate fill-in area below. Also, if the preprinted data is absent (the area left of the label space lists the information that should appear), please provide it proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B must be completed regardless). Complete items if no label has been provided. Refer the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME		Appalachian Power Company Philip Sporn Plant					
V. FACILITY MAILING ADDRESS		P. O. Box 2021 Roanoke, Virginia 24022 Attention: R. E. Northup					
VI. FACILITY LOCATION		New Haven, West Virginia					
II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any of the following questions. If you answer "yes" to any of these questions, you must submit this form and the supplemental form listed in the parentheses. If the supplemental form is attached. If you answer "no" to each question, the facility is excluded from permit requirements; see Section C of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS		SPECIFIC QUESTIONS		MARK			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. (FORM 2A)		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		YES		NO	
C. Is this a facility which currently results in discharge to waters of the U.S. other than those described in A or B above? (FORM 2C)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		YES		NO	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		YES		NO	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES		NO	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				YES		NO	
III. NAME OF FACILITY							
1 SKIP PHILIP SPORN PLANT						P SPORN PLANT	
IV. FACILITY CONTACT							
A. NAME & TITLE (last, first, & title)						B. PHONE (area code & no.)	
2 NORTHUP R E ENVIRON. AFF. DIR.						703 985 2429	
V. FACILITY MAILING ADDRESS							
A. STREET OR P.O. BOX							
3 P. O. BOX 2021							
B. CITY OR TOWN						C. STATE D. ZIP CODE	
4 ROANOKE						VA 24022	
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
5 U.S. RT 33							
B. COUNTY NAME							
MASON							
C. CITY OR TOWN						D. STATE E. ZIP CODE F. COUNTY CODE (if known)	
6 NEW HAVEN						WV 25265	

\*This Form 1 is submitted to obtain a RCRA Permit. The facility already has a NPDES Permit.



A. FIRST										B. SECOND																			
C		7		4		9		1		1		(specify) ELECTRIC SERVICES																	
15		16		17		18		19				C		7		N		A		(specify)									
		15		16		17		18		19				15		16		17		18		19							
C. THIRD										D. FOURTH																			
C		7		N		A		(specify)																					
15		16		17		18		19				C		7		N		A		(specify)									
		15		16		17		18		19				15		16		17		18		19							

## VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
8	CENTRAL OPERATING COMPANY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
15 16		66

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)						
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C						
S = STATE	O = OTHER (specify)			A	7	0	3	9	8	5
P = PRIVATE				15	16	18	19	21	22	20
		56								

E. STREET OR P.O. BOX	
P 0 BOX 2021	

F. CITY OR TOWN													G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B R O A N O K E													V A		2 4 0 2 2		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13 10 40 41 42 47 51													52					

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)													D. PSD (Air Emissions from Proposed Sources)														
C	T	I											C	T	I												
9	N		W.V.0.0.0.1.0.5.8.										9	P		N.A.											
13	16	17	18											13	16	17	18										

B. UIC (Underground Injection of Fluids)										E. OTHER (specify)										
C	T	I								C	T	I								
9	U		N A							9			I W - 5 9 8 3 - 7 8							
15	16	17	18	19	20	21	22	23	24	30	15	16	17	18	19	20	21	22	23	24
										30										

(specify) WEST VIRGINIA DNR

WASTEWATER

15 16 17 18 19 20 21 22 23 24

C. RCRA (Hazardous Wastes)										E. OTHER (specify)											
C	T	I								C	T	I									
9	R									9			5	5	9	2	(specify) WEST VIRGINIA DEPT. OF				
15	16	17	18							30	15	16	17	18	HEALTH SEWAGE PLANT						

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

ELECTRIC GENERATING FACILITY - TWO 150 MW COAL-FIRED UNITS OWNED BY APPALACHIAN POWER COMPANY, TWO 150 MW COAL-FIRED UNITS AND ONE 450 MW COAL-FIRED UNIT OWNED BY OHIO POWER COMPANY. ALL FIVE UNITS HAVE ELECTROSTATIC PRECIPITATORS AND ONCE-THROUGH COOLING WATER SYSTEMS.

## XIII. CERTIFICATION (see instructions)

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

<b>A. NAME &amp; OFFICIAL TITLE</b> (type or print) John W. Vaughan, Vice President Central Operating Company	<b>B. SIGNATURE</b> <i>John W. Vaughan</i>	<b>C. DATE SIGNED</b> 11/13/80
---	---	-----------------------------------

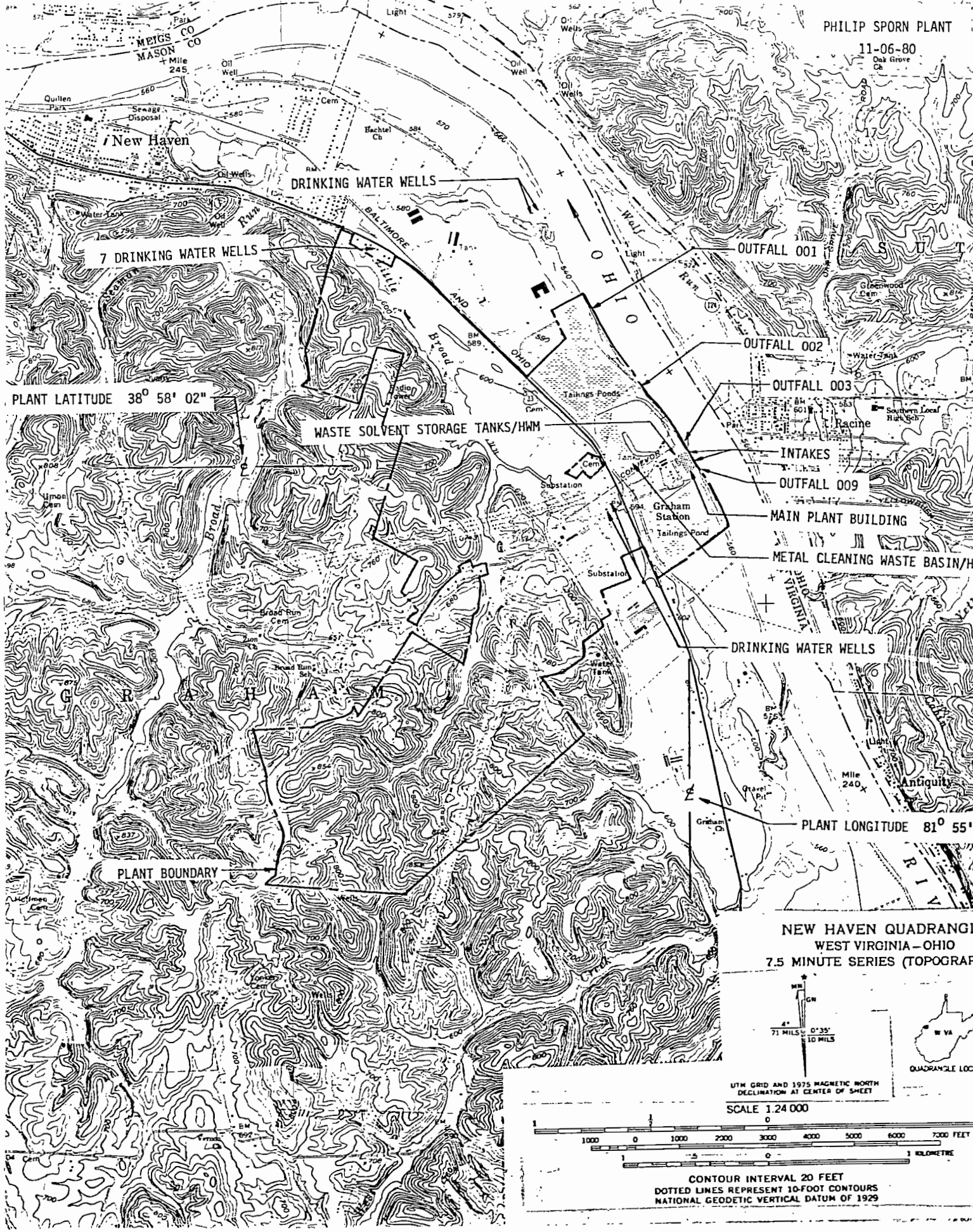
COMMENTS FOR OFFICIAL USE ONLY	
C	
15	16



PHILIP SPORN PLANT

11-06-80

Dak Grove  
Ga



DRINKING WATER WELLS

7 DRINKING WATER WELLS

PLANT LATITUDE 38° 58' 02"

WASTE SOLVENT STORAGE TANKS/HWM

OUTFALL 001

OUTFALL 002

OUTFALL 003

INTAKES

OUTFALL 009

MAIN PLANT BUILDING

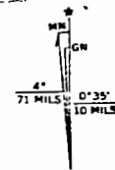
METAL CLEANING WASTE BASIN/HWM

DRINKING WATER WELLS

PLANT BOUNDARY

PLANT LONGITUDE 81° 55'

NEW HAVEN QUADRANGLE  
WEST VIRGINIA- OHIO  
7.5 MINUTE SERIES (TOPOGRAPH)



UTM GRID AND 1975 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET  
SCALE 1:24 000

CONTOUR INTERVAL 20 FEET  
DOTTED LINES REPRESENT 10-FOOT CONTOURS  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

FOR OFFICIAL USE ONLY									
APPLICATION APPROVED				DATE RECEIVED (yr., mo., & day)				COMMENTS	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)									
<input checked="" type="checkbox"/> <b>1. EXISTING FACILITY</b> (See instructions for definition of "existing" facility. Complete item below.)					<input type="checkbox"/> <b>2. NEW FACILITY</b> (Complete item below)				
71					71				
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)					FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) CONSTRUCTION BEGAN OR THE DATE EXPECTED TO BEGIN				
*See Attachment									
<b>B. REVISED APPLICATION</b> (place an "X" below and complete Item I above)									
<input type="checkbox"/> <b>1. FACILITY HAS INTERIM STATUS</b>					<input type="checkbox"/> <b>2. FACILITY HAS A RCRA PERMIT</b>				
72					72				

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

- 1. AMOUNT** - Enter the amount.
- 2. UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	
LITERS	L	TONS PER HOUR	D	HECTARE-METER	
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP									
T/A C									
1									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	165	G		7				
2	S 0 2	50,000	G		8				
3	T 0 2	71,500	U		9				
4	T 0 4	144,000	U		10	*	See Attachment		

T04 - METAL CLEANING WASTES ARE BURNED IN THE PLANT BOILERS. SEE ATTACHMENT, ITEM III.

#### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item I to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. JZ	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
1	F 0 0 1	1,251	P	S 0 1	S 0 2						
2	D 0 0 1	9,174	P	S 0 1	S 0 2						
3	D 0 0 7	146	T	S 0 2	T 0 4						
4	D 0 0 7	146	T	T 0 2							
5											
6											
7											
8											
9											
10											
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23											
24											
25											
26											



T04 - METAL CLEANING WASTES ARE BURNED IN PLANT BOILERS. SEE ATTACHMENT, ITEM III.

EPA I.D. NO. (enter from page 1)												
W	V	D	9	8	0	5	5	4	7	0	3	6

#### V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility. (see instructions for more detail).

#### VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

#### VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
3	8	5	8	0	2					8	1	5	5	1	7				

#### VIII. FACILITY OWNER

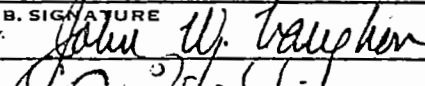

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no)													
APPALACHIAN POWER COMPANY										703-985-230													
OHIO POWER COMPANY										216-456-8117													
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE	
P O BOX 2021										ROANOKE										VA		24022	
301 CLEVELAND AVE., S.W.										CANTON										OH		44702	


#### IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John W. Vaughan, President APCo		11-13-80
C.A. Heller, President, OPCo		November 11, 1980

#### X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John W. Vaughan, Vice President Central Operating Company		11-13-80

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED		DATE RECEIVED (yr, mo., & day)		COMMENTS
23		24	29	

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility's revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

- ☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below)

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	50	01	01	* See Attachment
15	73 74	75 76	77 78	

YR.		MO.		DAY	
73	74	75	76	77	78

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

- ☐
1. FACILITY HAS INTERIM STATUS

- ☐ 2. FACILITY HAS A RCRA PERMIT

### III. PROCESSES – CODES AND DESIGN CAPACITIES

**A. PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

**B. PROCESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR OR GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	D
LITERS	L	TONS PER HOUR	D	HECTARE-METER	D
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	A
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	H
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons or other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5														
C														
DUP														
T/A C														
1														
1 2 13 14 15														
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY	
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)						1. AMOUNT	2. UNIT OF MEASURE (enter code)				
		16 - 18 19	20	21	22			16 - 18 19	20	21	22			
X-1	S 0 2	600	G				5	T 0 4	144,000	U				
X-2	T 0 3	20	E				6	S 0 4	1,000,000	G				
1	S 0 1	165	G				7							
2	S 0 2	50,000	G				8							
3	T 0 2	1,000,000	G				9							
4	D 8 3	1,000,000	G				10	*	See Attachment					

TO4 - METAL CLEANING WASTES ARE BURNED IN THE PLANT BOILERS. SEE ATTACHMENT, ITEM III.

#### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item I to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous waste:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	F 0 0 1	1,251	P	S 0 1	S 0 2										
2	D 0 0 1	9,174	P	S 0 1	S 0 2										
3	D 0 0 7	146	T	S 0 2	T 0 4										
4	D 0 0 7	146	T	T 0 2	D 8 3	S 0 4									
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															



TO4 - METAL CLEANING WASTES ARE BURNED IN PLANT BOILERS. SEE ATTACHMENT, ITEM III.

EPA I.D. NO. (enter from page 1)															
S	F	W	V	T	0	0	0	6	2	0	6	1	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

#### V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

#### VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

#### VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

38 58 02

81 55 17

#### VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

APPALACHIAN POWER COMPANY  
OHIO POWER COMPANY

703 985 230  
216 456 817

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

P O BOX 2021  
301 CLEVELAND AVE., S.W.

ROANOKE  
CANTON

VA  
OH

24022  
44702

#### IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John W. Vaughan, President APCo

*John W. Vaughan*

11-13-80

C.A. Heller, President, OPCo

November 11, 1980

#### X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John W. Vaughan, Vice President  
Central Operating Company

*John W. Vaughan*

11-13-80



HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER  
F WND-98-055-470

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below)

YR.	MO.	DAY
8	5	0
73	74	75

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
73	74	75

FOR NEW FACILITY PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
--------------	--	--------------	--

Storage:

CONTAINER (barrel, drum, tank, waste pile)

SURFACE IMPOUNDMENT

Disposal:

INJECTION WELL  
LANDFILL

LAND APPLICATION  
OCEAN DISPOSAL

SURFACE IMPOUNDMENT

UNIT OF MEASURE

GALLONS  
LITERS  
CUBIC YARDS  
CUBIC METERS  
GALLONS PER DAY

EXAMPLE FOR COMPLETION  
other can hold 400 gallons.

NOTE:

FORM 3 WAS REVISED ON MAY 19, 1982.

PLEASE SEE REVISED APPLICATION &

LETTER OF 5/19/82 FOR CURRENT

PROCESS & WASTE INFORMATION.

LLONS PER DAY OR  
ERS PER DAY  
LLONS PER DAY OR  
ERS PER DAY  
NS PER HOUR OR  
TRIC TONS PER HOUR  
LLONS PER HOUR OR  
ERS PER HOUR  
LLONS PER DAY OR  
ERS PER DAY

UNIT  
MEAS  
COI

can hold 200 gallons and

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5	T 0 4	144,000	U
X-2	T 0 3	20	E	6	S 0 4	1,000,000	G
1	S 0 1	165	G	7		deleted 5/19/82	
2	S 0 2	50,000	G	8			
3	T 0 2	1,000,000 71,500	G	9			
4	D 8 3	1,000,000 deleted 5/19/82	G	10	*	See Attachment	

T04 - METAL CLEANING WASTES ARE BURNED IN THE PLANT BOILERS. SEE ATTACHMENT, ITEM III.

#### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

T04 - METAL CLEANING WASTES ARE BURNED IN PLANT BOILERS. SEE ATTACHMENT, ITEM III.

EPA I.D. NO. (enter from page 1)

WVD-98-055-4703 6

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

3	8	5	8	0	2
65	66	67	68	69	71

8	1	5	5	1	7
72	74	75	76	77	79

**VIII. FACILITY OWNER**

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

15	16	APPALACHIAN POWER COMPANY									
15	16	OHIO POWER COMPANY									

7	0	3	9	8	5	2	3	0
2	1	6	4	5	6	8	1	7

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

15	16	P O BOX 2021									
15	16	301 CLEVELAND AVE., S.W.									

45	15	16	ROANOKE									
45	15	16	CANTON									

55	56	58	59	61	62			
V	I	A				2	4	0
O	H					4	4	7

**IX. OWNER CERTIFICATION**

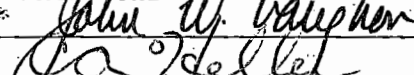
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John W. Vaughan, President APCo



11-13-80

C.A. Heller, President, OPCo

November 11, 1980

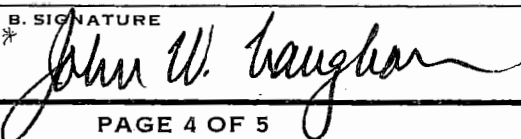
**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

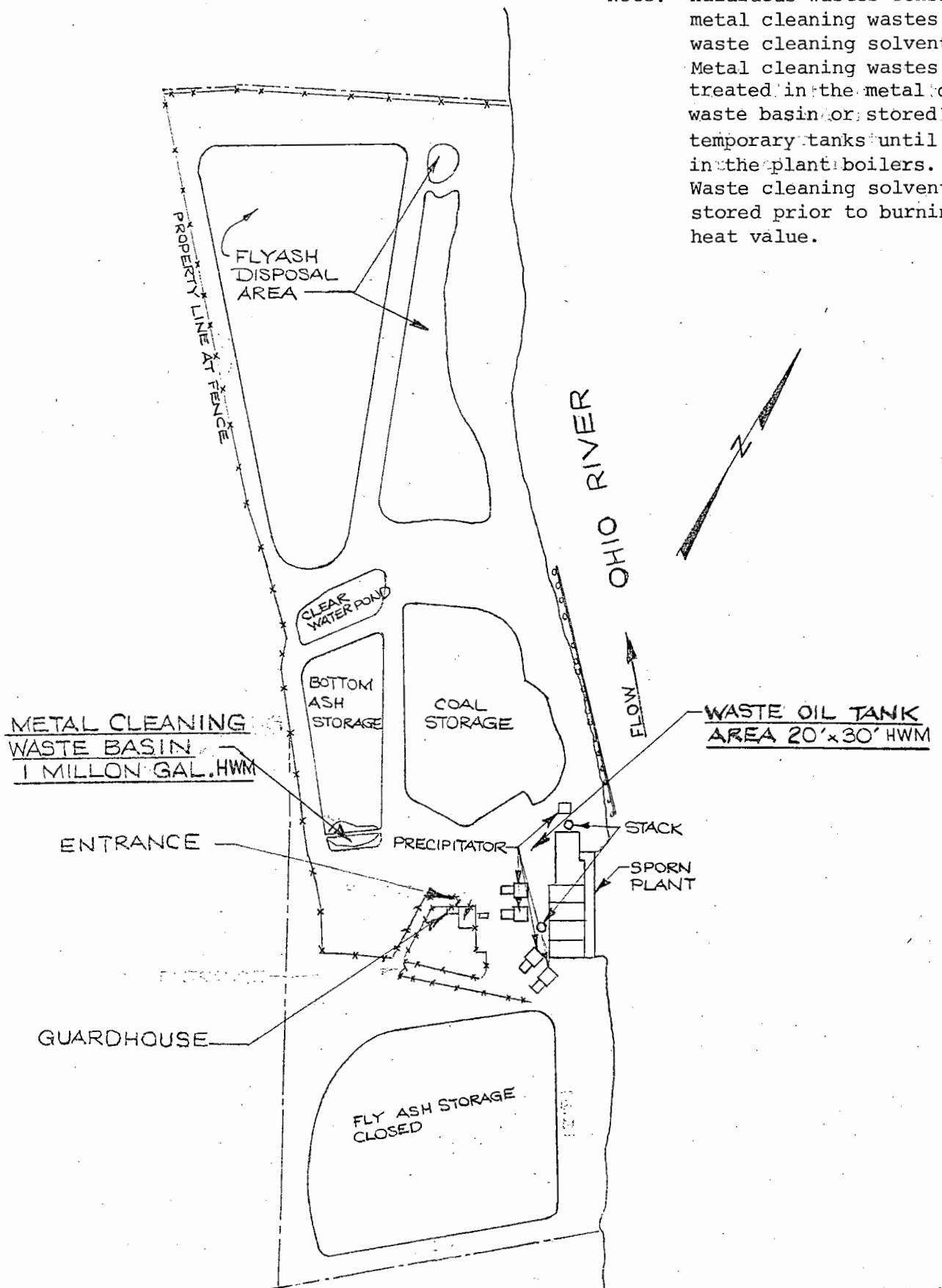
C. DATE SIGNED

John W. Vaughan, Vice President  
Central Operating Company


11-13-80

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
1 2 3 4 5 6 7 8 9 10 11 12 W W V T 0 0 0 6 2 0 6 1 7 1													1 2 3 4 5 6 7 8 9 10 11 12 W DUP 2 DUP															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
	23	24	25	26	27	28	29	30		31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	F	0	0	1	1,251				P	S	0	1	S	0	2													
2	D	0	0	1	9,174				P	S	0	1	S	0	2													
3	D	0	0	7	146				T	S	0	2	T	0	4													
4	D	0	0	7	146				T	T	0	2	<del>D</del>	<del>8</del>	<del>3</del>	<del>S</del>	<del>0</del>	<del>4</del>	D83/S04 deleted by letter & telecon 5/19/82 & 6/4/82 respectively PK									
5																												
6																												
7																												
8																												
9																												
10																												
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25																												
26																												

Note: Hazardous wastes consist of metal cleaning wastes and waste cleaning solvents. Metal cleaning wastes are treated in the metal cleaning waste basin or stored in temporary tanks until burned in the plant boilers. Waste cleaning solvents are stored prior to burning for heat value.



APPALACHIAN POWER Co.  
 PHILIP SPORN PLANT  
 SCALE: 1" = 800' DATE 11/5/80